

# Dental Source

## Dental Health Care Plans

### City of St. Louis

#### Schedule of Benefits – Plan E

The American Dental Association (ADA) assigns code numbers to each dental service. The Schedule of Services below provides you with an easy reference to the coverage associated with the Dental Source Program. All co payments are paid directly to your selected participating general dentist and are due at the time of service. All dental services listed in this schedule are provided **exclusively** by Dental Source network general dentists. There is no coverage outside of the Dental Source network. If the services of a Specialist are required, the member will receive a 20% discount off the usual fees from a participating Specialist, where available.

#### ADA CODE PROCEDURE Copayment

##### Diagnostic and Preventive – General Dentists Office

|         |  |           |
|---------|--|-----------|
| ****    | Consultation .....   | No Charge |
| 0120    | Periodic Oral Examination.....                                 | No Charge |
| 0140    | Limited Oral Evaluation-Problem Focused .....                  | No Charge |
| 0150    | Comprehensive Oral Evaluation .....                            | No Charge |
| 0160    | Detailed & Extensive Oral Evaluation .....                     | No Charge |
| 0210    | Full Mouth X-Ray (Once Every 5 Years).....                     | No Charge |
| 0220    | Initial Periapical X-Ray .....                                 | No Charge |
| 0230    | Additional Periapical X-Ray.....                               | No Charge |
| 0240    | Occlusal X-Ray .....   | No Charge |
| 0250-60 | Extraoral X-Ray.....   | No Charge |
| 0270-77 | Bitewing X-Ray.....  | No Charge |
| 0330    | Panoramic X-Ray (Once Every 5 Years) .....                     | No Charge |
| 0460    | Tooth Pulp Vitality Test .....                                 | No Charge |
| 0470    | Diagnostic Casts - Study Models .....                          | No Charge |
| 1110    | Prophylaxis-Adult-Every 6 Months* .....                        | No Charge |
| 1120    | Prophylaxis-Child-Every 6 Months* .....                        | No Charge |
| 1203    | Topical Application of Fluoride-Child-<br>Every 6 Months ..... | No Charge |
| 1330    | Oral Hygiene Instruction.....                                  | No Charge |
| 1351    | Sealant.....   | 50%       |
| 1510    | Space Maintainer-Fixed-Unilateral.....                         | 50%       |
| 1515    | Space Maintainer-Fixed-Bilateral .....                         | 50%       |
| 1520    | Space Maintainer-Removable-Unilateral .....                    | 50%       |
| 1525    | Space Maintainer-Removable-Bilateral .....                     | 50%       |
| ****    | Difficult prophylaxis may be subject to a \$20.00 charge.      |           |

##### Restorative (Fillings, Inlays and Onlays) - General Dentist Office

|         |   |     |
|---------|---|-----|
| 2140    | Amalgam- One Surface Primary or Permanent .....                         | 30% |
| 2150    | Amalgam- Two Surfaces Primary or Permanent .....                        | 30% |
| 2160    | Amalgam- Three Surfaces Primary or Permanent.....                       | 30% |
| 2161    | Amalgam- Four or More Surfaces Primary or Permanent .....               | 30% |
| 2210    | Silicate Cement-Per Restoration.....                                    | 50% |
| 2330-35 | Resin-Based Composite- 1, 2, 3 or 4 Surfaces, Anterior .....            | 30% |
| 2390    | Resin-Based Composite Crown, Anterior .....                             | 50% |
| 2391-94 | Resin-Based Composite 1 or More Surface-Posterior- <b>Primary</b> ..... | 30% |
| 2391-94 | Resin-Based Composite-Posterior <b>Permanent</b> .....                  | 70% |
| 2410-30 | Gold Foil-1, 2 or 3 Surfaces .....                                      | 50% |
| 2510-30 | Inlay-Metallic-1, 2, 3 or More Surfaces .....                           | 50% |
| 2542-44 | Onlay-Metallic-2,3 or 4 Surfaces.....                                   | 50% |
| 2610-30 | Inlay-Porcelain/Ceramic1, 2,3 or More Surfaces .....                    | 50% |
| 2642-44 | Onlay-Porcelain/Ceramic 1, 2, 3 or More Surfaces .....                  | 50% |
| 2650-52 | Inlay- Resin-Based Composite -1, 2, 3 or More Surfaces.....             | 50% |
| 2662    | Onlay-Resin-Based Composite-2, 3, 4 or More Surfaces .....              | 50% |
| 2664    | Onlay-Composite/Resin-4 or more Surface/Lab Process .....               | 50% |
| 2940    | Sedative Fillings .....   | 30% |

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Laboratory Fees are Not Covered by the Dental Source Plan

##### Restorative (Crowns-Single Restorations) - General Dentist Office

|         |  |           |
|---------|--|-----------|
| ****    | Crown-Temporary in Conjunction With Permanent .....      | No Charge |
| 2710    | Crown-Resin (Indirect) .....                             | 50%       |
| 2720    | Crown-Resin with High Noble Metal .....                  | 50%       |
| 2721    | Crown-Resin with Predominantly Base Metal.....           | 50%       |
| 2722    | Crown-Resin with Noble Metal .....                       | 50%       |
| 2740    | Crown-Porcelain/Ceramic Substrate .....                  | 50%       |
| 2750    | Crown-Porcelain Fused to High Noble Metal.....           | 50%       |
| 2751    | Crown-Porcelain Fused to Predominantly Base Metal .....  | 50%       |
| 2752    | Crown-Porcelain Fused to Noble Metal .....               | 50%       |
| 2780-83 | Crown-3/4 .....  | 50%       |
| 2790    | Crown-Full Cast High Noble Metal .....                   | 50%       |
| 2791    | Crown-Full Cast Predominantly Base Metal .....           | 50%       |
| 2792    | Crown-Full Cast Noble Metal .....                        | 50%       |
| 2910    | Recement Inlay.....                                      | 50%       |
| 2920    | Recement Crown .....                                     | 50%       |
| 2950    | Core Buildup, Including Any Pins .....                   | 50%       |
| 2951    | Pin Retention per Tooth, in Addition to Restoration..... | 50%       |
| 2952    | Cast Post & Core in Addition to Crown.....               | 50%       |
| 2953    | Cast Post as Part of Crown Same Tooth.....               | 50%       |
| 2954    | Pre-fab Post & Core in Addition to Crown .....           | 50%       |
| 2960    | Labial Veneers (Resin Laminate) Chairside .....          | 60%       |
| 2961    | Labial Veneers (Resin Laminate) Laboratory .....         | 60%       |
| 2962    | Labial Veneers (Porcelain Laminate) Laboratory .....     | 60%       |
| 2980    | Crown Repair - By Report.....                            | 50%       |

##### Endodontics (Root Canal Therapy) - General Dentist Office

|         |   |           |
|---------|---|-----------|
| ****    | Endo Consultation .....                             | No Charge |
| 3110    | Pulp Cap Direct.....                                | 50%       |
| 3120    | Pulp Cap Indirect .....                             | 50%       |
| 3220    | Vital Pulpotomy .....                               | 50%       |
| 3310    | Root Canal-Anterior .....                           | 50%       |
| 3320    | Root Canal-Bicuspid .....                           | 50%       |
| 3330    | Root Canal-Molar.....                               | 50%       |
| 3340    | Root Canal-Four Canals .....                        | 50%       |
| 3410-26 | Apicoectomy .....                                   | 50%       |
| 9974    | Internal Bleaching after Endodontic Treatment ..... | 60%       |

##### Periodontics - General Dentist Office

|      |   |           |
|------|---|-----------|
| **** | Perio Consultation .....  | No Charge |
| 0180 | Comprehensive Perio Examination .....                             | 60%       |
| 4210 | Gingivectomy or Gingivoplasty (per quadrant) .....                | 60%       |
| 4211 | Gingivectomy or Gingivoplasty (1 to 3 teeth per quadrant) ....    | 60%       |
| 4220 | Gingival Curettage (per quadrant) .....                           | 60%       |
| 4240 | Gingival Flap Surgery (per quadrant) .....                        | 60%       |
| 4241 | Gingival Flap Surgery (1 to 3 teeth per quadrant).....            | 60%       |
| 4260 | Osseous Surgery (per quadrant) .....                              | 60%       |
| 4261 | Osseous Surgery (1 to 3 teeth per quadrant) .....                 | 60%       |
| 4263 | Bone Replacement Graft-First Site in Quadrant .....               | 60%       |
| 4264 | Bone Replacement Graft-Each Additional Site.....                  | 60%       |
| 4270 | Pedicle Soft Tissue Graft Procedure .....                         | 60%       |
| 4271 | Free Soft Tissue Graft (Including Donor Site).....                | 60%       |
| 4341 | Periodontal scaling & root planing (per quadrant).....            | 60%       |
| 4342 | Periodontal scaling & root planing(1 to 3 teeth per quadrant) 60% |           |
| 4355 | Full mouth debridement .....                                      | 60%       |

##### Prosthodontics (Removable) - General Dentist Office

|         |  |     |
|---------|--|-----|
| 5110    | Complete Dentures-Upper.....                               | 50% |
| 5120    | Complete Dentures-Lower.....                               | 50% |
| 5130    | Immediate Upper Denture .....                              | 50% |
| 5140    | Immediate Lower Denture .....                              | 50% |
| 5211    | Partial Denture-Upper/Resin Base .....                     | 50% |
| 5212    | Partial Denture-Lower/Resin Base .....                     | 50% |
| 5213    | Partial Denture-Upper/Cast Metal Framework/Resin Base .... | 50% |
| 5214    | Partial Denture-Lower/Cast Metal Framework/Resin Base .... | 50% |
| 5730-31 | Reline Upper/Lower Complete Denture Chairside.....         | 50% |
| 5740-41 | Reline Upper/Lower Partial Denture Chairside.....          | 50% |
| 5750-51 | Reline Upper/Lower Complete Denture (Lab) .....            | 50% |
| 5760-61 | Reline Upper/Lower Partial Denture (Lab).....              | 50% |
| 5810    | Interim Complete Denture-Upper.....                        | 50% |

|      |   |     |
|------|---|-----|
| 5811 | Interim Complete Denture-Lower .....                      | 50% |
| 5820 | Interim Partial Denture-Upper .....                       | 50% |
| 5821 | Interim Partial Denture-Lower .....                       | 50% |
| **** | All other denture and partial related procedures .....    | 50% |
| **** | Laboratory Fees are Not Covered by the Dental Source Plan |     |

#### **Prosthodontics - General Dentist Office**

|      |  |     |
|------|--|-----|
| 6240 | Pontic-Porcelain Fused to High Noble Metal .....           | 50% |
| 6241 | Pontic-Porcelain Fused to Predominantly Base Metal .....   | 50% |
| 6242 | Pontic-Porcelain Fused to Noble Metal .....                | 50% |
| 6750 | Crown-Porcelain Fused to High Noble Metal .....            | 50% |
| 6751 | Crown-Porcelain Fused to Predominantly Base Metal .....    | 50% |
| 6752 | Crown-Porcelain Fused to Noble Metal .....                 | 50% |
| 6790 | Crown-Full Cast High Noble Metal .....                     | 50% |
| 6791 | Crown-Full Cast Predominantly Base Metal .....             | 50% |
| 6792 | Crown-Full Cast Noble Metal .....                          | 50% |
| 6930 | Recement Bridge .....                                      | 50% |
| **** | Laboratory Fees are Not Covered by the Dental Source Plan. |     |

#### **Oral Surgery - General Dentist Office**

|      |   |           |
|------|---|-----------|
| **** | Oral Surgery Consultation .....   | No Charge |
| 7111 | Extraction-Coronal Remnants-Primary .....                               | 50%       |
| 7140 | Extraction-Erupted Tooth or Exposed Root .....                          | 50%       |
| 7210 | Surgical Removal of Erupted Tooth .....                                 | 75%       |
| 7220 | Removal of Impacted Tooth-Soft Tissue .....                             | 75%       |
| 7230 | Removal of Impacted Tooth-Partial Bony .....                            | 75%       |
| 7240 | Removal of Impacted Tooth-Complete Bony .....                           | 75%       |
| 7310 | Alveoplasty in Conjunction with Extractions/Per<br>Quadrant .....       | 50%       |
| 7320 | Alveoloplasty Not in Conjunction with Extractions<br>Per Quadrant ..... | 50%       |
| 7470 | Removal of Exostosis .....  | 50%       |
| 7510 | Incision & Drainage of Abscess-Intraoral .....                          | 50%       |
| 7520 | Incision & Drainage of Abscess-Extraoral .....                          | 50%       |
| 7960 | Frenectomy .....  | 50%       |
| **** | Post Operative Treatment (including dry socket<br>treatment) .....      | No Charge |

#### **Orthodontics (Braces) - General Dentist Office**

|      |  |           |
|------|--|-----------|
| **** | Ortho Consultation (at General Dentist Only) ..... | No Charge |
| **** | Ortho Treatment Plan (Records & Models) .....      | 75%       |
| **** | Orthodontic Appliance .....                        | 75%       |
| **** | Orthodontic Appliance Therapy .....                | 75%       |
| **** | Orthodontic Treatment .....                        | 75%       |

#### **Adjunctive General Services - General Dentist Office**

|      |  |           |
|------|--|-----------|
| 9110 | Palliative Treatment (Normal Office Hours) .....   | \$15.00   |
| 9215 | Local Anesthesia .....   | No Charge |
| 9430 | Office Visits For Observation (Normal Office Hours) .....                                    | No Charge |
| 9440 | Emergency office visit (After Office Hours) .....  | \$25.00   |
| 9450 | Treatment Plan Presentation .....  | No Charge |
| 9940 | Occlusal Guards-By Report .....  | 60%       |
| 9951 | Occlusal Adjustment- Limited .....   | 60%       |
| 9952 | Occlusal Adjustment- Complete .....  | 60%       |
| 9999 | Broken Appointments are subject to a \$10.00<br>charge for each 15 minutes of scheduled time |           |

#### **EMERGENCY TREATMENT COVERAGE:**

In the event of a dental emergency, Dental Source members should contact their selected Dental Source provider. If the Dental Source provider is unavailable for emergency care within 24 hours, members may obtain emergency services from any licensed dentist. The covered emergency services include palliative treatment to control pain, bleeding, or infection. Dental Source members can be reimbursed up to \$50.00-based on the Dental Source Schedule of benefits. The member's selected Dental Source provider must provide any further restorative service. In order to receive reimbursement for fees paid, less any applicable copayment, the member must notify Dental Source within two working days of the onset of the emergency, and written request for

reimbursement with receipts must be received by Dental Source within 30 days of the onset of the emergency.

#### **EXCLUSIONS AND LIMITATIONS - GENERAL DENTIST**

1. Laboratory fees or lab related charges.
2. Prophylaxis (cleanings) and fluoride treatments are limited to one every 6 months. Difficult prophylaxis (i.e. heavy smoker, very neglected teeth) is subject to a \$20.00 charge.
3. Procedures provided by any dentists including specialists who are not within the Dental Source provider network.
4. Procedures provided by a participating Dental Source dentist other than your selected dentist prior to receiving approval from the Dental Source office.
5. Procedures or dental expenses incurred in connection with any dental procedure started prior to the member's eligibility or in progress at the time of application. Dental expenses incurred if a participating dentist is unable to perform a procedure due to a member's general health or physical condition (i.e. patient physically unable to visit dentist office or suffering from a contagious illness or disease).
6. Dental expenses incurred after termination of eligibility.
7. Charges for broken appointments.
8. Any dental procedure not listed as a covered service including but not limited to general anesthesia, the services of an anesthesiologist, prescription medication, nitrous oxide, implants, treatment required by reason of war, hospital and medical charges of any kind, surgery of fractures and dislocations, loss or theft of dentures or bridgework, and the treatment of malignancies.
9. Services that are provided to the member by state government, or agencies thereof, or services provided without cost to the member by any municipality, county, or other subdivision.
10. Procedures, appliances, or restorations to correct congenital, developmental, or medically induced dental disorders, including but not limited to, treatment of myo-functional, myo-skeletal, or temporomandibular joint dysfunction (TMJ).
11. Dentures, bridges, and other appliances installed under this program can be replaced only once during the period of 5 years after the original installation. A denture, crown, bridge, or other appliance can be replaced only if it cannot be made satisfactory by relining or repair.
12. A denture, bridge, or other appliance installed while not covered by Dental Source will be replaced only if it cannot be made satisfactory by relining or repair.
13. All covered replacements are subject to the copayment percentages as listed in the Schedule of Services.
14. Crowns are covered only if the dentist determines that there is not enough retentive quality left in a tooth to hold a filling.
15. Replacement of a satisfactory filling is not covered.
16. Charges for office sterilization.
17. Fluoride treatments are limited to once every 6 months to age 19.
18. Any dental procedure solely for the purpose of cosmetic reasons is not a covered benefit.
19. Sealants covered through age 15, replaced at no charge within 12 months of original application.
20. A dependent child shall be covered until the age of 25; if unmarried, a state resident and not covered under another benefit plan or government program.

***THIS FEE SCHEDULE IS ONLY APPLICABLE FOR THOSE SERVICES PROVIDED BY A PARTICIPATING DENTAL SOURCE GENERAL DENTIST. IF THE SERVICES OF A PARTICIPATING SPECIALIST ARE REQUIRED, MEMBERS WILL RECEIVE A DISCOUNT FROM THAT PARTICIPATING SPECIALIST.***

***PROCEDURES NOT LISTED ARE NOT COVERED BY DENTAL SOURCE.***